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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Raul Curbelo	Examiner:	O. Gabor
Serial No:	10/626,800	Art Unit:	2878
Filed:	July 24, 2003	Docket:	15608
For:	CORRECTION FOR NON-LINEARITIES IN FTIR PHOTO DETECTORS	Dated:	September 27, 2004
		Confirmation No.:	1426

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT UNDER 37 C.F.R. 1.111

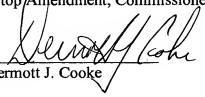
Sir:

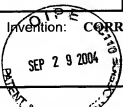

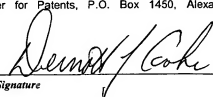
In response to the Office Action mailed June 28, 2004, please amend the above-identified application as set forth herein.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: September 27, 2004


Dermott J. Cooke

AMENDMENT TRANSMITTAL LETTER (Small Entity)					Docket No. 15608	
Applicant(s): Raul Curbelo						
Application No. 10/626,800	Filing Date July 24, 2003	Examiner Otilia Gabor	Customer No. 23389	Group Art Unit 2878	Confirmation No. 1426	
Invention: CORRECTION FOR NON-LINEARITIES IN FTIR PHOTO DETECTORS 						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application.						
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	23 -	23 =	0 x	\$9.00	\$0.00	
INDEP. CLAIMS	2 -	3 =	0 x	\$43.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-1013/SSMP <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.						
Dermott J. Cooke Reg. No. 41,685 SCULLY, SCOTT, MURPHY & PRESSER 400 Garden City Plaza - Ste 300 Garden City, NY 11530 (516) 742-4343 DJC:jam			Dated: September 27, 2004  _____ Signature			
CC:			I certify that this document and fee is being deposited on September 27, 2004 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  _____ Signature Dermott J. Cooke _____ Typed or Printed Name			